

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008206

FILED
Apr 09, 2010
Secretary of State

Entity Name: LAMBDA SIGMA PSI SOCIETY, INC.

Current Principal Place of Business:

292 SW ARROWBEND DR.
LAKE CITY, FL 320240355 US

New Principal Place of Business:

Current Mailing Address:

292 SW ARROWBEND DR.
LAKE CITY, FL 320240355

New Mailing Address:

292 SW ARROWBEND DR.
LAKE CITY, FL 320240355 US

FEI Number: 83-0475277

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDWARDS, BARBARA T
292 SW ARROWBEND DRIVE.
LAKE CITY, FL 320240355 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: EDWARDS, BARBARA T
Address: 292 SW ARROWBEND DRIVE
City-St-Zip: LAKE CITY, FL 320240355 US

Title: O
Name: EDWARDS, DERRICK L
Address: 3786 CLAYTON CROSSING WAY
City-St-Zip: ELLENWOOD, GA 30294 US

Title: O
Name: TAYLOR, GLENDA
Address: 803 TOM PAGE ST
City-St-Zip: LAKE CITY, FL 32055 US

Title: O
Name: TERRY, PIER A
Address: 9114 BEAUDINE AVE
City-St-Zip: SAN ANTONIO, TX 78250 US

Title: O
Name: SAPP, LANITRA W
Address: 822 NE SPRINGDALE GLN
City-St-Zip: LAKE CITY, FL 32055

Title: O
Name: DUBOIS, JAQUEZ A
Address: 292 SW ARROWBEND DRIVE
City-St-Zip: LAKE CITY, FL 320240355 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA T. EDWARDS

CEO

04/09/2010

Electronic Signature of Signing Officer or Director

Date